Application or Docket Number										ber			
	PATENT APPLICATION FEE DETERMINATION RECORD Effective January 1, 2003												
									ENTI	TY		OTHER	
(Column 1) (Column 2)						T	YPE]	OR	SMALL		
TOTAL CLAIMS							-	RATE FEE			RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE \$375		OR	BASIC FEE	\$750	
TOTAL CHARGEABLE CLAIMS			minus 20=		*			X\$ 9=		OR	X\$18=		
IND	EPENDENT CL	AIMS	mi	nus 3 =	*		ſ	X42=			OR	X84=	
ΜU	MULTIPLE DEPENDENT CLAIM PRESENT							+140=			OR	+280=	
* If	* If the difference in column 1 is less than zero, enter "0" in column 2							TOTAL			OR	TOTAL	
	CLAIMS AS AMENDED - PART II								٠ L _		Uh	OTHER	THAN
	(Column 1) (Column 2) (Column 3)							SMAL	L EN	TITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING [®] AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	: TI	DDI- ONAL FEE		RATE	ADDI- TIONAL FEE
NO.	Total	. 50	Minus	** 5	/	= /		X\$ 9=	.		OR	X\$18=	
ME	Independent	* //	Minus	*** /	2	=	Ī	X42=			OR	X84=	
	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	PENDENT	CLAIM			+140=				+280=	
DECT AVAILABLE CODY							L	TOT	!		OR	TOTAL	
	BEST AVAILABLE COPY						Α	DDIT. FI			OR	ADDIT. FEE	
		(Column 1) CLAIMS		(Colui		(Column 3)	lr		1 ^	DDI-	1		ADDI-
AMENDMENT B		REMAINING AFTER AMENDMENT		NUM PREVI PAID	OUSLY	PRESENT EXTRA		RATE	TI	ONAL FEE		RATE	TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=	.		OR	X\$18=	
ME	Independent	*	Minus	***		=		X42=			OR	X84=	
	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	PENDEN	CLAIM		1				1	.000	
	,						L	+140=			OR	+280= TOTAL	
							Δ	TOT ADDIT. F			OR	ADDIT. FEE	
 		(Column 1) CLAIMS		(Colu	mn 2)	(Column 3)	1 _				•		
AMENDMENT C		REMAINING AFTER AMENDMENT		NUM PREVI	BER OUSLY FOR	PRESENT EXTRA		RATE	: TI	DDI- ONAL FEE		RATE	ADDI- TIONAL FEE
N S	Total	*	Minus	**		=		X\$ 9=			OR	X\$18=	
WE	Indep ndent	*	Minus	***		=	 	X42=			i	X84=	
	FIRST PRESE	NTATION OF M	JLTIPLE DE	PENDEN	T CLAIM		╽ ├		+		OR	·	
1.	If the entry in colu	mn 1 is less than th	se entry in colu	ımn 2 weit	e "N" in cr	olumn 3		+140=			OR	+280=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **DOIT. FEE ADDIT. FEE													
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													

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PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

17793.120200

				1779	3.15	0200	2				
			S FILED - PART (Column 1)		(Column 2)		AALL E	L ENTITY		OTHER THAN	
	TOTAL CLAIMS						RATE	FEE	OR 1	RATE	FEE
	FOR	NUMB	NUMBER FILED		NUMBER EXTRA		ASIC FEE		OR	BASIC FEE	
	TOTAL CHARGEABLE C	LAIMS	minus 20=		*		X\$ 9=		OR	X\$18=	
	INDEPENDENT CLAIMS		minus 3 =	*	· .		X40=	<u> </u>	OR	X80=	
	MULTIPLE DEPENDENT	CLAIM PRESENT	RESENT				 +135=		1		
	* If the difference in colu	ımn 1 is less thar	less than zero, enter "0" in column 2				OTAL		OR OR	+270= TOTAL	
(CLAIM		'	OIAL		On		~			
Ü	(Col	umn 1)	(Colum		nn 2) (Column 3)		SMALL ENTITY		OR	OTHER SMALL E	
W.	REM AF	AINING TER IDMENT	HIGHE NUME PREVIO PAID F	BER JUSLY	PRESENT EXTRA	l [RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total + 2	/	· J	0	= 4) ;	X\$ 9=		OR	X\$18=	
8	Independent + 4 FIRST PRESENTATION	Minus N OF MULTIPLE I	*** 3	CLAIM			X40=		OR	X80=	
П		21. 2.1.02.11	0271111		+	135=		OR	+270=		
g				40	TOTAL DIT. FEE		OR	TOTAL			
Q		umn 1)	(Colum	nn 2)	(Column 3)	ADI	JI 1. FEE 1	<u> </u>		ADDIT. FEE	
	REM AF	AIMS AINING TER IDMENT	HIGHE NUMB PREVIO PAID F	EST BER USLY	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total . 2	Minus	24	<u></u>	= / Paj	 	(\$ 9=		OR	X\$18=	
	Independent + 4	Minus N OF MULTIPLE (DEPENDENT	CLAIM	=	>	(40=		OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						135=		OR	+270=	
ŀ	PEST AVAIL			ADD	TOTAL HT. FEE			TOTAL ADDIT, FEE	-		
	(Colu	(Column 3)	٨٥٤	///. / CL E	· · · · · · · · · · · · · · · · · · ·	,	ADDIT. FEEL				
	REM.	AIMS AINING TER DMENT	HIGHE NUMB PREVIOI PAID F	ER USLY	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total *	Minus	**	· 	=	X	\$ 9=		OR	X\$18=	
	Independent +	Minus	***	01.4114	=	X	40=		OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					+1	135=		OR	+270=	
	* If the entry in column 1 is le		TOTAL		L	TOTAL					
	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found						IT. FEE 👢		OR _A in colu	DDIT. FEE	
1							. ,				